



Corres. Mail  
**BOX AF**

AF/TECH CENTER 1600/2900  
NOV 15 2001  
RECEIVED

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-08)  
Approved for use through 10/31/2002. OMB 0651-0047  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

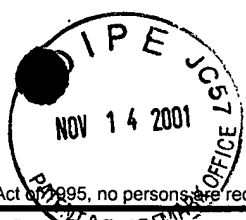
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application	09/190,246	
	Filing Date	November 13, 1998	
	First Named	Mark Parrington	
	Group Art Unit	1633	
	Examiner Name	M. Wilson	
Total Number of Pages in This Submission	16	Attorney Docket Number	1038-865 MIS:jb

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael I. Stewart (Reg. No. 24,973) Sim & McBurney
Signature	M. I. Stewart
Date	October 30, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
Typed or printed name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control number.

Approved for use through 10/31/2002. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO Form 17 (XX-XX)

OMB 0651-0032

TECHNICAL CENTER 1500/2900

NOV 15 2001

RECEIVED

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$1,240.00

## Complete if Known

Application Number	09/190,246
Filing Date	November 13, 1998
First Named Inventor	Mark Parrington
Examiner Name	M. Wilson
Group Art Unit	1633
Attorney Docket No.	1038-865 MIS:jb

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number   
Deposit Account Name

- ☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR § 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	<input type="text"/>
106 330	206 165	Design filing fee	<input type="text"/>
107 510	207 255	Plant filing fee	<input type="text"/>
108 740	208 370	Reissue filing fee	<input type="text"/>
114 160	214 80	Provisional filing fee	<input type="text"/>

SUBTOTAL (1)

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	-20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/> 0.00
Independent Claims	-3** = <input type="text"/>	X <input type="text"/>	= <input type="text"/> 0.00
Multiple Dependent	<input type="text"/>	<input type="text"/>	= <input type="text"/>

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

\$0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	<input type="text"/>
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139 130	139 130	Non - English specification	<input type="text"/>
147 2,520	147 2,520	For filing a request for ex parte reexamination	<input type="text"/>
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
115 110	215 55	Extension for reply within first month	<input type="text"/>
116 400	216 200	Extension for reply within second month	<input type="text"/>
117 920	217 460	Extension for reply within third month	<input type="text"/> 920.00
118 1,440	218 720	Extension for reply within fourth month	<input type="text"/>
128 1,960	228 980	Extension for reply within fifth month	<input type="text"/>
119 320	219 160	Notice of Appeal	<input type="text"/> 320.00
120 320	220 160	Filing a brief in support of an appeal	<input type="text"/>
121 280	221 140	Request for oral hearing	<input type="text"/>
138 1,510	138 1,510	Petition to institute a public use proceeding	<input type="text"/>
140 110	240 55	Petition to revive - unavoidable	<input type="text"/>
141 1,280	241 640	Petition to revive - unintentional	<input type="text"/>
142 1,280	242 640	Utility issue fee (or reissue)	<input type="text"/>
143 460	243 230	Design issue fee	<input type="text"/>
144 620	244 310	Plant issue fee	<input type="text"/>
122 130	122 130	Petitions to the Commissioner	<input type="text"/>
123 50	123 50	Processing fee under 37 CFR § 1.17(q)	<input type="text"/>
126 180	126 180	Submission of Information Disclosure Statement	<input type="text"/>
581 40	581 40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179 740	279 370	Request for Continued Examination (RCE)	<input type="text"/>
169 900	169 900	Request for expedited examination of a design application	<input type="text"/>

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$1,240.00

## SUBMITTED BY

Name (Print/Type)

Michael I. Stewart

Registration No.  
(Attorney/Agent)

24,973

## Complete (if applicable)

Telephone

(416) 595-1155

Signature

m. i. Stewart

Date

October 30, 2001

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.